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STATE OF OREGON
OREGON STATE HEALTH DIVISION
DEPARTMENT OF HUMAN RESOURCES
Vital Records Unit

Local File Number: 353

State File Number

CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1 DECEASED—NAME: First MUREL Middle S. Last NELSON

2 DATE OF DEATH (month, day, year): August 29, 1985

3 RACE (White, Black, American Indian, etc.) (Specify): White

4 SEX: Male

5a AGE—Last Birthday (years): 81

5b Under 1 year: mos. days

5c Under 1 day: hours min.

6 DATE OF BIRTH (month, day, year): July 13, 1904

7a CITY, TOWN OR LOCATION OF DEATH: Keno

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): P.O. Box 1

7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify)

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A. name country): Nebraska

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Blanche Nelson

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 556-20-8796

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Heavy Equipment Mechanic

14b KIND OF BUSINESS OR INDUSTRY: Machinery & Heavy Equip. Rep

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Keno

15d STREET AND NUMBER OR R.F.D., ZIP: P.O. Box 1 97627

15e Inside City Limits (Specify yes or no): No

16 FATHER—NAME first middle last: Harold - Nelson

17 MOTHER—first middle last (Maiden Name): Annabelle - Heitz

18 INFORMANT—NAME and relationship to deceased: Blanche Nelson, Wife

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, MAUSOLEUM (Specify): Burial

19b CEMETERY OR CREMATORY—NAME: Keno Cemetery

19c LOCATION city or town state: Keno, Oregon

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: [signature]

20b NAME AND ADDRESS OF FACILITY: O'Hair's Funeral Chapel, Inc., 515 Pine St., Klamath Falls, O

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

21a [Signature]: [signature] M.D.

21b DATE SIGNED (Mo. Day Yr.): 8-29-85

21c HOUR OF DEATH: 2:30 P. M

21d NAME AND ADDRESS OF CERTIFIER (Type or Print): F. Geoffrey Marx, M.D., 2614 Clover St., Klamath Falls, Ore. 97601

21e NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

22a DATE RECEIVED BY REGISTRAR (Mo. Day Yr.): SEP 3 1985

22b REGISTRAR [Signature]: [signature]

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

23 IMMEDIATE CAUSE [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]

PART I (a) Cardiac Arrest — Interval between onset and death: 1 mmed.

DUE TO, OR AS A CONSEQUENCE OF

(b) Arteriosclerotic Heart Disease — Interval between onset and death: 15 yrs.

DUE TO, OR AS A CONSEQUENCE OF

(c) — Interval between onset and death:

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a).

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED? (Specify Yes or No): Yes

26a ACCIDENT (Specify Yes or No)

26b DATE OF INJURY (Mo. Day Yr.)

26c HOUR OF INJURY M

26d DESCRIBE HOW INJURY OCCURRED

26e INJURY AT WORK (Specify Yes or No)

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

26g LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE

RESERVED FOR REGISTRAR'S USE

ORIGINAL—VITAL STATISTICS COPY

45-2 REV. 12-83

Return to: Blanche E. Nelson
P.O. Box 1, Keno Or. 97627

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

[SEAL]

By [signature], *Deputy Registrar*

Date SEP 3 1985

VOID IF ALTERED

NOT VALID WITHOUT A RAISED SEAL OF THE KLAMATH CO. DEPARTMENT OF HEALTH SERVICES.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 9th day of September A.D., 19 85 at 3:39 o'clock P M., and duly recorded in Vol. M85, of Deeds on Page 14527.

FEE $5.00

Evelyn Biehn, County Clerk

By [signature]